

EXHIBIT B

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: Federal Bureau of Prisons		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) Joshua Adam Schulte #79471054 Metropolitan Correctional Center (MCC) 150 Park Row, New York, New York 10007	
3. TYPE OF EMPLOYMENT <input checked="" type="radio"/> MILITARY <input type="radio"/> CIVILIAN	4. DATE OF BIRTH 9/25/1988	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 16/17 August 2021
7. TIME (A.M. OR P.M.) 8am-3pm			
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)			
<p>On either Monday or Tuesday August 16/17, while I was out at court between 8am and 3pm, an MCC officer came into my cell and confiscated all of my purchased clothing. The officer did not leave a list of confiscated property as required by Federal Regulation 553.13(b)(2)(i).</p> <p><i>At MCC 10 South Cafeteria #3</i></p>			
9. PROPERTY DAMAGE			
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).			
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)			
Medium micro mesh shorts, thermal tops/bottoms X2, gray wool hat X2, sweats tops/bottoms			
10. PERSONAL INJURY/WRONGFUL DEATH			
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, INJURED PERSON OR DECEASED.			
<i>SEP 22 2021</i>			
11. WITNESSES		NERO-PHILADELPHIA	
NAME		ADDRESS (Number, Street, City, State, and Zip Code)	
24-7 surveillance camera in cell			
12. (See instructions on reverse.)		AMOUNT OF CLAIM (in dollars)	
12a. PROPERTY DAMAGE \$87.10	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$ 87.10
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM			
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Joshua Adam Schulte</i>	13b. Phone number of person signing form		14. DATE OF SIGNATURE 8/27/21
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)	

INSURANCE COVERAGE		
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.		
15. Do you carry accident insurance? <input type="radio"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="radio"/> No		
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?		17. If deductible, state amount.
<input type="radio"/> Yes <input checked="" type="radio"/> No		Full Coverage <input type="radio"/> Deductible <input checked="" type="radio"/>
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)		
19. Do you carry public liability and property damage insurance? <input type="radio"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input checked="" type="radio"/> No		
INSTRUCTIONS		
Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.		
Complete all items - Insert the word NONE where applicable.		
A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY		DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.
Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.		The amount claimed should be substantiated by competent evidence as follows:
		(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
		(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
		(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
		(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.
PRIVACY ACT NOTICE		
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.		
A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.		
B. Principal Purpose: The information requested is to be used in evaluating claims. C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".		
PAPERWORK REDUCTION ACT NOTICE		
This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.		

Josh Schulte #7471054
New York
150 Park Row
NY NY 10007



NEW YORK NY 100
20 SEP 2021 PM 14 L

ATTN: Tort Claim
Northeast Regional Office
U.S. Custom House, 7th floor
2nd and Chestnut Streets
Philadelphia, Pennsylvania 19106

DATE RECEIVED
FEDERAL BUREAU OF INVESTIGATION
REGIONAL COUNSEL OFFICE
SEP 22 2021
NED-PHILADELPHIA

Metropolitan Correctional Center, 150 Park Row,
New York, NY 10007. The enclosed letter was
processed through special mail procedures for
forwarding to you. This letter has neither been
opened nor inspected. If the letter raises a question
as to whom it is addressed, the Bureau has jurisdiction.
If you may wish to return the material for further
information or verification. If the writer closes
correspondence for forwarding to another addressee,
please return the enclosure to the above address.